

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							Application Number 10537084		Filing Date			
Substitute for Form PTO-1360 (For use with Form PTO/SB/06)							Applicant(s)					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	I						51					
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48							98					
49							99					
50							100					
Total Indep	2											
Total Depend	10											
Total Claims	12											

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